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MARGIN RESERVED FOR BINDING. Every item of information should be carefully written in plain ink. This is a permanent record. Every item of information should be carefully written in plain ink. This is a permanent record. Every item of information should be carefully written in plain ink. This is a permanent record.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH					BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH					State File No. <u>456</u>	
County <u>Yuma</u> State <u>Arizona</u>					Local Registrar's No. <u>146</u>	
District or Township <u>Yuma</u> or Village <u>Yuma</u>					or	
City <u>Yuma</u> No. <u>11th and 3rd</u> St. <u>Ward</u>					(If death occurred in a hospital or institution, give its NAME instead of street and number).	
2. FULL NAME <u>Florence Miller</u>						
(a) Residence, No. <u>11th and 3rd</u> St., <u>Ward</u>					(If non-resident, give city or town and State)	
(Usual place of abode)						
Length of residence in city or town where death occurred yrs. <u>6</u> mos. ds.					How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Divorced</u>			16. DATE OF DEATH <u>Aug 10</u> 19 <u>30</u>	
					Month Day Year	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mar 10-1895</u>					17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____	
6. DATE OF BIRTH (month, day and year)					that last saw him alive on _____, 19____	
7. AGE <u>34</u> Years	<u>9</u> Months	<u>1</u> Days	IF LESS than day or min.		and that death occurred, on the date stated above, at <u>7:00 P.M.</u>	
8. OCCUPATION OF DECEASED <u>Wife</u>					The CAUSE OF DEATH* was as follows: <u>Death by violence.</u>	
(a) Trade, profession, or particular kind of work					(duration) _____ yrs. _____ mos. _____ ds.	
(b) General nature of industry, business or establishment in which employed (or employer)					CONTRIBUTORY (Secondary)	
(c) Name of employer					(duration) _____ yrs. _____ mos. _____ ds.	
9. BIRTHPLACE (city or town) <u>Texas</u>					18. Where was disease contracted if not at place of death?	
(State or country)					Did an operation precede death? _____ Date of _____	
10. NAME OF FATHER <u>Elmer Graham</u>					Was there an autopsy? _____	
(city or town)					What test confirmed diagnosis?	
11. BIRTHPLACE OF FATHER <u>Texas</u>					(Signed) <u>Dr. Lavanah Comer</u> M. D.	
(State or country)					<u>8/13-1930</u> (Address) <u>Yuma Arizona</u>	
12. MAIDEN NAME OF MOTHER <u>Hollie Oden</u>					* State the Disease Causing Death, or in deaths from Violence Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
(city or town)					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mesa Arizona</u>	
13. BIRTHPLACE OF MOTHER <u>Texas</u>					DATE OF BURIAL <u>8/13-30</u>	
(State or country)					20. UNDERTAKER <u>O. J. Spelman</u>	
14. Informant <u>O. J. Spelman</u>					ADDRESS <u>Yuma Arizona</u>	
(Address)						
15. Filed <u>Aug 13 1930</u> by <u>Mary A. Hoffman</u> Registrar.						